

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department City of Baltimore.

Permit No. A 161

Office of Registrar of Vital Statistics.

Ward 9<sup>4</sup>/<sub>7</sub>

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 21 June 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Fox

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 56 Years, Months, Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Sailor

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 6 years.

Place of Death, { Give Street and Number. } City Hospital

Cause of Death, { First (Primary), Second (Immediate), } Phthisis

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, E. Pub. Cemetery

Date of Burial, June 4<sup>th</sup> 1887

{ Undertaker, Geo. Rinehart } Chas. T. Ray M. D.

Medical Attendant.

{ Place of Business, Health Office } Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. *162*

Office of Registrar of Vital Statistics.

Ward *6*

*4*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

*June 3<sup>rd</sup> 1884*

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Minnie L. Löchel*

Sex, Male or Female,

{ Cross out the word not required in this line. }

*Female*

Age,

*Four (4) Years,*

*Two (2) Months,*

*Four (4) Days.*

Color,

*White*

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

*Baltimore Md.*

Duration of Residence in the City of Baltimore,

*Life Time*

Place of Death,

{ Give Street and Number. }

*No. 2327 E. Monument St.*

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

*Remittent Fever*

*Convulsions*

Duration of Last Sickness,

*Three weeks*

All the above information should be furnished by the Physician.

Place of Burial,

*St. Matthews Com.*

Date of Burial,

*June 5<sup>th</sup> 1884*

Undertaker,

*John Herwig*

*Wm H. Flaudner, M. D.*

Medical Attendant.

Place of Business,

*2008 Calver St.*

*Address, No 418 N. Broadway*

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[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 163 Office of Registrar of Vital Statistics. Ward 7<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 3<sup>rd</sup> 1887

Full Name of Deceased, Wm Kahler { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 58 Years, ✓ Months, ✓ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Builder

Birth Place, Prussia (29 yrs in America) { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 29 yrs

Place of Death, St. Josephs Hospital { Give Street and Number. }

Cause of Death, Cirrhosis of Liver  
Dropsy { First (Primary), Second (Immediate), }

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 4, 1887

Undertaker, Heare & Co. George J. Cooney M. D. Medical Attendant.

Place of Business, 1023 Pleasant St. Address, 634 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



# Health Department, City of Baltimore.

Permit No.

A. 164

Office of Registrar of Vital Statistics.

Ward

14<sup>th</sup>

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## CERTIFICATE OF DEATH.

Date of Death,

June 3<sup>d</sup>

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Eliz J Keys

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

33

Years,

9

Months,

21

Days

Color,

white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore Co

Duration of Residence in the City of Baltimore,

10 years

Place of Death,

{ Give Street and Number. }

1104 W Baltimore & Heart disease

Cause of Death,

{ First (Primary),

Second (Immediate),

Duration of Last Sickness,

About a year

All the above information should be furnished by the Physician.

Place of Burial,

St. Olwet Cem

Date of Burial,

June 5<sup>th</sup> / 87

{ Undertaker,

J. B. Cook

Robert K. Kneass M. D.

Medical Attendant.

{ Place of Business,

1003 W. Baltimore

Address, 1205 W. Fayette St

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[OVER.]



## Ward

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

# Health Department, City of Baltimore.

Permit No. A. 166

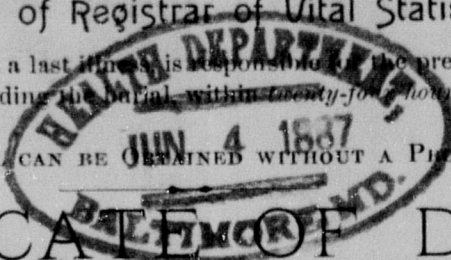
Office of Registrar of Vital Statistics.

Ward

19<sup>th</sup>

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death,

June 3<sup>rd</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Anish Fisher Maddox.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 42 Years,

Months,

Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

1519 Saratoga St

Cause of Death, { First (Primary), }

Albuminuria

{ Second (Immediate), }

Uremic Convulsions (34)

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Landon Park cemetery

Date of Burial, June 6<sup>th</sup> 1887

A. M. Belt.

M. D.

Medical Attendant.

{ Undertaker, Jos B. Cook }

{ Place of Business, 1003 N. Baltimore Address, 1010 Cathedral St. }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



The Special Attention of Physicians is respectfully invited to the requirements below, and to list of diseases on back of this certificate.

# Health Department, City of Baltimore.

Permit No.

A 167

Office of Registrar of Vital Statistics.

Ward

16<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

January 15<sup>th</sup> 1880

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Elizabeth Sturm

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

44

Years,

White

Months,

Days.

Color,

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Housekeeper

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

30 Years

Place of Death,

{ Give Street and Number. }

1146 Corner St

Cause of Death,

{ First (Primary),

Second (Immediate),

Bright Disease of Kidney

Duration of Last Sickness,

6 Months

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

Jan 15<sup>th</sup> 1880

Undertaker,

James Schumann

M. D.

Medical Attendant.

Place of Business,

1039 Broadway

Address

1575 Broadway St

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[OVER.]



# Health Department, City of Baltimore.

Permit No. A 168 Office of Registrar of Vital Statistics. Ward 12<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 3<sup>d</sup> 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susan R Morgan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 58 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Hartford Ct. Md.

Duration of Residence in the City of Baltimore, 18 yrs

Place of Death, { Give Street and Number. } 1321 Linden Ave.

Cause of Death, { First (Primary), Old age, Debility -  
Second (Immediate), " "

Duration of Last Sickness, Confined to bed one week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 6<sup>th</sup> 1887

{ Undertaker, Stewart & Mowen

{ Place of Business, 215 W. 17<sup>th</sup> Park Ave.

W. P. Morgan M. D.  
Medical Attendant.

Address, 315 H. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No.

A 169

Office of Registrar of Vital Statistics.

Ward

12<sup>11</sup>/<sub>4</sub>

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, June 3rd 89

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harold Wray

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ————— Years, 6 Months, ————— Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —————

Birth Place, { State or country, and how long in the United States, if of foreign birth. } New York State

Duration of Residence in the City of Baltimore, 3 months

Place of Death, { Give Street and Number. } 1728 M. Cullough St.

Cause of Death, { First (Primary), Cholera Infantum }  
{ Second (Immediate), Nephritis }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, June 5<sup>th</sup> 1889

Undertaker, Wm Weaver

J. Meller

M. D.

Medical Attendant.

Place of Business, No 738 N. Eutaw St Address, 639 Franklin St

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[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 170

Office of Registrar of Vital Statistics.

Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 3<sup>rd</sup> 1887

Full Name of Deceased, Watt Green

Sex, Male or ~~Female~~ Male

Age, 40 Years, 0 Months, 0 Days.

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~

Occupation, Arable

Birth Place, Maryland

Duration of Residence in the City of Baltimore, During life

Place of Death, Collison Court #711

Cause of Death, Paralysis of the heart -  
Had been intemperate but had ceased drinking during last month -  
died suddenly

Duration of Last Sickness, 0

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, June 5<sup>th</sup> 1887

Undertaker, H. Ross

Place of Business, Conway St Address.

L. H. Sparrow M. D.

Medical Attendant.  
Coroner

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[OVER.]